



2009 Country Office Annual Report

Jamaica

2009 COAR submission in the i-Track Remote Data Entry Facility (RDEF)

**Section I
Narrative**

Narrative

The narrative section should be succinct, analytical and focused on most significant achievements and challenges facing UNFPA in 2009. It should **not exceed two (2) pages** in total length. Question 3 will remain open for you to report on any new issues in 2010.

Synthesis of responses to all questions will be prepared within 30 days after the deadline of 2009 COAR and circulated across UNFPA, followed by quarterly briefs based on your updates for question 3.

1. OVERVIEW

2. EXTERNAL ENVIRONMENT

1. OVERVIEW

Please highlight the key achievements, shortfalls, collaborative relationships, and critical issues in 2009 and in particular:

1.1 Highlight key achievements and contributions made and describe up to 3 most important interventions undertaken to achieve results in 2009:

While the year 2009 proved to be particularly challenging for Jamaica in light of an increasing debt burden, increasing unemployment and the outbreak of the AH1N1 virus, several achievements were realized with UNFPA's support. These are outlined according to the three main areas of work, sexual and reproductive health, population and development and gender.

Sexual and Reproductive Health

- *Increased number of traditional and non-traditional organizations and sites promoting access to reproductive health information and services. Over ten new organizations were involved in the Comprehensive Condom programme which focused on promoting increased knowledge of sexual and reproductive health including HIV prevention, behaviour change communication and access to male and female condoms. Among the partners in this initiative were the Bureau of Women's Affairs, Jamaica Council for Persons with Disabilities and the University of the West Indies Health Centre
- *Increase in the number of vulnerable groups accessing reproductive health services. Through the comprehensive condom programme, various vulnerable populations were targetted including adolescents with disabilities, sex workers, persons living with HIV, and young men and women. The results of the monitoring activities indicated that among these groups, there was an increase in demand for male and female condoms.
- *Documentary on sexual and reproductive health needs and the rights of adolescents with disabilities within the health sector produced as an advocacy tool. This tool was created for national dissemination in collaboration with disability Associations in Jamaica.
- *Increase in the number of mothers and communities sensitized to complications during pregnancy and the post-partum period through launch of safe motherhood programme and public service announcements produced on the issue. This initiative was a joint partnership between the Ministry of Health, UNICEF and PAHO.
- * A situation analysis of adolescents in Jamaica was examined with a gender lens, through development of situation analysis and strategic plan led by the Ministry of Health (joint programme UNICEF/UNFPA). The document is critical as it highlights several critical issues affecting youth including access to sexual and reproductive health information and services, adolescent pregnancy, HIV prevention, access to contraceptives and voluntary counselling and testing by minors, and issues of forced sex, sexual abuse and transactional sex.
- *Out of school youth provided with training in life skills, sexual and reproductive health issues including HIV prevention and youth friendly services in addition to vocational training (outside of Kingston and St. Andrew). The Jamaica Red Cross has been a key partner in this initiative.
- *Increased information on sexual and reproductive health provided to youth in the formal school system through sensitization sessions, and more specifically, by utilizing a manual developed jointly by UNFPA and CARICOM. The manual entitled, 'You, Your Life, Your Dreams' was developed from consultations with young people across the Caribbean and therefore reflects issues of concern to youth including, relationships, peer pressure, and sexual and reproductive health information.
- *Improved knowledge and awareness of international human rights and frameworks including sexual and reproductive health and rights through capacity building with civil society. The sessions targeted women living with HIV in particular, and sought to empower them regarding their sexual and reproductive health and rights. Issues surrounding positive prevention were also examined.

Population and Development

- * The 2007 Reproductive Health Survey was completed and key findings from the report were highlighted in a dissemination

forum in October 2009. The finalization of the survey was delayed due to challenges with data collected and the sample size. Furthermore, the presentation of the findings was further delayed as the data analysis for the national report was being undertaken by the Centre for Diseases Control in the United States, and then sent back to Jamaica. As a result, UNFPA in collaboration with the CDC will be supporting training for national partners in data analysis in 2010 so that capacity may be developed nationally and future analyses conducted in country. *A manual of definitions on vital events has been developed, as a first step in standardizing information collected by various agencies. For example, it was noted that the definition of a 'live birth' was not being uniformly applied across various birthing sites- which has led to a distortion of the actual rates in some cases. Therefore, the manual represents a point of reference for the various organizations, based on WHO definitions. The challenge is to ensure that agencies comply with the definitions and international standards, and is an issue that will be explored with the key players including the Registrar General's Department, Planning Institute of Jamaica, the Ministry of Health, the Statistical Institute of Jamaica and the Ministry of Health. Key development partners include the Inter-American Development Bank, UNICEF and UNDP. Gender *The establishment of a 'Men's Desk within the Bureau of Women's Affairs was an indication of the effort to formally address issues of masculinity within the gender equality framework. The Men's Desk will sensitize young and older men to the issues of sexual and reproductive health, including HIV prevention and gender-based violence with a view to promoting men as responsible partners. *Increased knowledge of vulnerable populations including rural women, and disabled women on gender based violence and SRH by way of sessions on life skills and sensitization on various legislation and policies that protect the rights of women and children. *The linkages between sexual and reproductive health and gender have been strengthened through increased advocacy and promotion of reproductive health as a tool for the empowerment of women. The Bureau of Women's Affairs, with UNFPA's support has been instrumental in sensitizing women across Jamaica to the importance of sexual and reproductive health including issues of economic empowerment, contraceptive use and birth spacing. This has been critical in increasing their knowledge of these issues and their demand for reproductive health commodities, including the female condom. * A study has been conducted on gender-based violence in Jamaica with a view to elaborating on the linkages between intimate partner violence and contraceptive use. This study will be carried out in 2010. The achievements identified have played a role in contributing to the country programme outputs. However, the most critical achievements in the three areas include improving access to SRH information to young people in the formal educational system, increased access to SRH services for women and men, the preparation of the manual to facilitate harmonization in reporting among agencies and the establishment of the Male desk within the Bureau of Women's Affairs.

1.2 List up to 3 most significant shortfalls in implementing the UNDAF, CPAP, AWP and OMP, and highlight critical issues for the attention of the Regional Office and/or HQ, if any:

There have been several challenges during the course of the year that have impacted the implementation of various frameworks. These include the following: 1. Low implementation capacity of some partner organizations has lead to delays in the timely implementation of activities. While the organizational focus on national execution is critical for developing capacity among partners, capacity-building is a process which takes time, and which may affect the pace at which financial resources are implemented. 2. Absence of (baseline) and other data has often lead to challenges in assessing progress or collecting certain types of information or indicators. In that regard, there must be greater emphasis on high quality data that will allow for detailed analysis. 3. Lack of resources for the implementation of some activities. For example, it appears that the conduct of the 2011 Jamaica census is doubtful given the fact that there is a large resource gap in this area. The Statistical Institute of Jamaica which takes a lead role in this activity has not initiated any census awareness activities across the country, given the uncertainty surrounding the conduct of the census. This is an area in which resource mobilization efforts are critical, and one in which the country office could play a major role. 4. Emerging national priorities which have diverted attention away from some issues of RH, including Jamaica's debt burden, negotiations with the IMF, impending job cuts in the public sector, Ah1N1 . As a result, there are some gaps in the implementation of the UNDAF output related to health and delays in terms of implementing other activities.

2. EXTERNAL ENVIRONMENT

Analyse the external environment with the focus on events and trends that affect UNFPA's role and performance in the country. [Hypothetical country example](#) and [Tips](#). In particular, please:

2.1 Highlight key political (including electoral), socio-cultural (including religious), and economic (including on development aid) events/trends, that have affected and/or may affect the ICPD agenda and UNFPA's programming and reputation in the next year.

Macroeconomic Context Jamaica is grappling with an economic crisis. High debt burden, decreased public revenues, high public sector wages, increased foreign competition, exchange rate instability, large-scale unemployment and underemployment, weak access to international financial markets and a high debt-to-GDP ratio (111.3% in 2007) are key elements. Additionally, with Jamaica's classification as a middle income country and the associated decline in Official Development Assistance (ODA) the Government is in the process of resuming a borrowing relationship with the International Monetary Fund (IMF). The impact of the economic crisis was starkly evident in the Government's J\$555.7 billion budget for 2009/10. Debt servicing consumed 56.5% of the budget, and another 22.5% was directed towards the salaries of civil servants. This has meant that just over 20% of the budget remained for investment in national development priorities. In the current dispensation, the Education sector has received 12.6%, but the major casualty has been the Health sector, which has received a budgetary allocation of only 5.3%. Additionally, the Government's decision in 2007 to abolish user fees in the health system, has put a significant strain on the already overburdened health system. Therefore, while health care is now more accessible to vulnerable groups who may not have been able to afford health care otherwise, the issue of quality of care and access to medical supplies now becomes a challenge. Maternal Health Lack of adequate investment in the health system has also compromised the country's ability to achieve the MDG's in this area. A recent report completed by the Government of Jamaica indicated that in terms of the health MDG, Jamaica is far behind in achieving its maternal mortality targets. While deaths from direct causes have been halved over 10 yrs, there has been an 83% increase in deaths from indirect causes including HIV and AIDS, non-communicable diseases and unsafe abortions. Additionally, human resource deficiencies such as a 47% shortage in the midwife cadre lost to migration further compounds the problem. The maternal mortality ratio currently stands at 95/100,000 and according to the timetable for meeting the MDG's, the country is tasked with reducing the rate by three quarters by 2015. This task will prove to be a challenge given the current constraints and challenges with respect to inadequate budgetary support and human resource constraints. UNFPA and other development partners have a critical role to play in the area of maternal health. A joint Safe Motherhood Programme currently underway has contributed to some advances in the area, but significant work remains to be done. The Safe Motherhood programme will be assessed during 2010 to determine ways in which the programme may be more effective and impactful. Adolescent Pregnancy Despite various advances made over the years, the adolescent fertility rate currently stands at 79/1000. This is still relatively high, although it represents a reduction from 1997-2002 where the figure stood at approximately 112/1000. The 2008 Knowledge, Attitude and Behaviour Survey (KAPB) indicated that twelve per cent of sexually active 15-19 year old females have had between two to three pregnancies. With respect to HIV and AIDS, adolescent females 10-14 years face twice the risk of contracting the infection, and those 15-19 years face three times the risk of contracting the infection due to transactional sex, forced sex and sex with older HIV infected male partners. There are also several uncertainties on issues regarding access to contraceptives and voluntary counseling and testing by minors. By law, the age of consent is 16 years. However, the data confirms that girls and boys under the age of 16 are sexually active, and require access to accurate and comprehensive information and contraceptive services. The response to these issues by the Government, UNFPA and other actors requires a strengthened effort and more strategic approach, with greater involvement of young people in order to effectively address the challenges. Behaviour change communication must be emphasized further and young people allowed to access age appropriate sexual and reproductive health information, services and life skills. Abortion Jamaica's position on abortion dates back to the 1861 British Act, which made abortion illegal but was modified by a 1939 ruling of a judge, which allowed for abortion to preserve the life of the mother. According to data from the Ministry of Health the complications of unsafe abortions constitute the eighth leading cause of maternal deaths in Jamaica and the second in the adolescent age group. Not only is this costly from the perspective of individual costs, it also places a high financial cost on the health sector. While the precise figures are not readily accessible, it is known that the costs associated with abortion can in many instances be avoided if greater efforts are placed on preventing unintended or unwanted pregnancies. A Committee was established by the Government in 2007 to review the legalization of abortion and make recommendations on the laws. Several presentations on the issue were made before Parliament, however the Government has not articulated a clear position on whether the laws on abortion will be reformed. In the heights of the debate, UNFPA was erroneously accused on two occasions of promoting abortion by emotionally charged parties in the discussion. However, the office has taken the opportunity to clarify UNFPA's policy on unsafe abortion, and has used it as an advocacy point to highlight the importance of preventing unintended and unwanted pregnancies. Gender-Based Violence This is an issue that has been gaining increasing prominence in the Jamaican society due to its impact on women, children and families. Additionally, there have been reports indicating that violence against women has escalated over the past year, and this has been linked to the economic crisis which has manifested itself in strained interpersonal relationships across households. While the data on this issue is difficult to capture, the Government has placed great emphasis on the implementation of policies to address the abuse of women and children, and legislation to establish punitive sanctions for perpetrators. With UNFPA's commitment of support, the Government is also in the process of establishing a centre for survivors of

gender based violence, where counselling and relevant information may be provided. UNFPA has also been emphasizing the inclusion of men as partners as a strategic opportunity for young men and older men to be trained as advocates against gender-based violence. This is an approach that is expected to yield some success.

2.2 Indicate implications (risks and opportunities) of these events/trends for the ICPD agenda and UNFPA's programming and reputation.

With the priority focus on the debt burden and the management of the economy, it is critical for UNFPA to promote renewed emphasis on issues of sexual and reproductive health. The economic crisis brings with it several risks that may have deleterious impacts on some of the achievements made in recent times. There is concern for example, that the incidence of transactional sex may worsen as young women and men may resort to providing sexual favours for economic gains. This is already a practice that has been identified in the 2008 Knowledge, Attitudes and Practice Survey undertaken in collaboration with the National HIV Programme, and there are fears that the practice may increase as individuals struggle to survive amidst economic challenges. This creates the need for greater focus on income generation or employment creation for young people, and women in particular to ensure that there is a viable alternative to engaging in transactional sex. Other issues have been articulated above.

2.3 Briefly describe CO strategies to mitigate, overcome, and/or leverage risks and build on opportunities.

1.The CO plans to initiate a high level advocacy programme to raise awareness on the importance of investing in reproductive health and the financial savings that can be made when preventative measures are taken and investments made in areas of maternal health, prevention of unwanted or unintended pregnancies etc. A report will be launched and an advocacy plan developed to disseminate this document among policymakers and engage in dialogue at that level. 2.Additionally, the United Nations Country Team will establish a Health theme group around the UNDAF comprising agencies that are contributing to results in the area of health. This theme group is expected to provide a forum for coordinating the health response of the UN and interact with the political Directorate on the issue of health. UNFPA will be a key member of this group, which may also include bilateral and other development partners. 3.There will be an increased and more strategic focus on greater access to reproductive health commodities and involvement of youth in the programme moving forward. To that end, a more aggressive focus on sexual and reproductive health education in the formal school system and strengthening linkages with the health sector to facilitate increased access to services for young people will be a focus. 4. The office will also seek to strengthen the linkages between the private sector and other organizations that can provide income generating skills and services to young people. While the issues of sexual and reproductive health are critical and need to be incorporated, young people, (and out of school youth in particular) are largely concerned with accessing employment opportunities. The CO therefore has to be strategic in terms of integrating skills for income generation with sexual and reproductive health information and education.

Section II
Strategic Plan 2008-2011 Development Results Framework

POPULATION AND DEVELOPMENT

OUTCOME 1:

Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks

Indicator: *Proportion of national development plans/policies (NDPs), including poverty reduction strategies (PRSs) that incorporate population dynamics, reproductive health, including HIV/AIDS and gender equality*

Indicator: *Resource mobilized for population activities*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 1 and/or its indicators

Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

Incorporation of RH, HIV/AIDS and gender equality in the health sector policy/plan and budgeting (MTEP/F)

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

Jamaica's National Development Plan: Vision 2030 was developed with technical inputs from UNFPA as well as other international development partners. Through participation in thematic working groups, including health and population, as well as the provision of ongoing feedback to the revision of the document, UNFPA and partners ensured that issues of population, gender equality and sexual and reproductive health were articulated in the document. The challenge in this regard however, is to ensure that these issues are assigned a place of prominence on the agenda of the Government and policymakers, within a context where the debt burden and other macroeconomic issues have been given priority place at the national level. The National Strategic Plan for Healthy Adolescents is another key document to which UNFPA is contributing technical and financial support. In collaboration with UNICEF and the Ministry of Health, UNFPA has been providing substantive inputs on issues of adolescent reproductive health (including HIV prevention, prevention of adolescent pregnancies), the linkages between gender equality and SRH behaviours, as well as the differentials between urban and rural access to RH services for young people. UNFPA is also contributing to the costing of the plan to ensure that financial considerations for the implementation of the Plan are clearly defined.

Population dynamics, RH, HIV/AIDS and gender incorporated into national development plans (NDPs) and poverty reduction strategies (PRS)

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

() increase () Decrease (x) No change () Not sure () Not applicable

Please review and update the NDPs and report all new NDPs.

National Development Policy

Type	Policy: Strategic Results Framework (SRF)
Name	Development Plan 2030 (T21)
Cycle	
Status	Exists: not yet implemented or functional
Validity	Approved/Adopted: 2007 (year) Effective From: 2009 (year) To: 2013 (year) Document Date: 28/11/2008 (dd/mm/yyyy)
Description	Jamaica has embarked on a 25-year National Development Plan - Jamaica 2030, which is expected to put the country in a position to achieve developed country status by the year 2030. It is a macro-economic model based on the T21 (WB) methodology. The draft Jamaica Development Plan 2030 is expected to be prepared over a 1-year period (January 2007 - March 2008). This draft Plan will be tabled in the House of Parliament in April 2008. The final Plan will be completed after island wide consultations on the draft.

Comments	Since 1955, Jamaica has had a series of Five-Year Development Plans, the last one undertaken being for the period 1990-1995. Subsequently, priority policies of Government have been embodied in the National Industrial Policy and in a series of 3-year roll-over Medium Term Policy Framework (MTF) which articulated the Government's socio-economic policies, anchored in the Public Sector Investment Programme (PSIP).
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Incorporation of Population dynamics, RH, HIV/ AIDS and Gender equality

Key elements	Situation Analysis	Policy Document	M & E Plan	Comments	
Population Dynamics					
Population size/growth	Yes			The National Development Plan (NDP) outlines the major strategies to be undertaken in each of the sectors to facilitate an improvement in Jamaica's development status by 2030. However, the NDP does not go into the fine details of the plan, such as a monitoring and evaluation schedule. This is addressed more specifically in the sector plans.	
Fertility	Yes				
Mortality	Yes				
Internal migration	Yes				
Population and poverty linkages	Yes				
Reproductive Health					
ICPD Goal - Universal Access to RH	Yes				
Family Planning	Yes				
Maternal health	Yes				
HIV/AIDS prevention	Yes				
RH indicators	Yes				
Obstetric Fistula	No				
Gender					
Gender analysis of poverty	Yes				
Gender analysis of Reproductive Health	Yes				
Gender based violence	Yes				
Sex-disaggregation of indicators	Yes				
Young People's Needs					
Adolescent Reproductive Health	Yes				
HIV/AIDS prevention	Yes				
Education, including vocational training	Yes				
GBV prevention	Yes				
Employment and other income-generating opportunities	Yes				

Inclusion of emerging population issues:

Population issues	Discussion in main policy document	Policy response/ inclusion in action plan?	Comments
Ageing	Partial	[]	As stated above, the detailed analysis would be found in the sector plans.
Depopulation	None	[]	
International migration	Full	[]	
Urbanisation	Full	[x]	

Population and the environment	Full	[x]
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What is the extent of inclusion of time-bound indicators and targets?

Partial

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex: More than 75%
 Age: More than 75%
 Urban-rural: More than 75%
 Income: 50-75%
 Ethnicity: Less than 50%
 Geographical region: More than 75%

National Development Policy

Type	Policy: Strategic Results Framework (SRF)
Name	National Development Plan: Vision 2030
Cycle	
Status	Exists: not yet implemented or functional
Validity	Approved/Adopted: 2009(year) Effective From: 2009(year) To: 2013 (year) Document Date: (dd/mm/yyyy)
Description	The document outlines the vision for accelerating Jamaica's development status and ensuring the country's movement from 'developing' to 'developed' country status by 2030.
Comments	

Incorporation of Population dynamics, RH, HIV/ AIDS and Gender equality

Key elements	Situation Analysis	Policy Document	M & E Plan	Comments	
Population Dynamics					
Population size/growth	Yes			The National development Plan does not go into great details in some of these areas. The details are mostly located in the sector plans, for example, there is a plan for the health and education sectors, which would include details such as an M&E plan.	
Fertility	Yes				
Mortality	Yes				
Internal migration	Yes				
Population and poverty linkages	Yes				
Reproductive Health					
ICPD Goal - Universal Access to RH	Yes				
Family Planning	Yes				
Maternal health	Yes				
HIV/AIDS prevention	Yes				
RH indicators	Yes				
Obstetric Fistula	No				
Gender					
Gender analysis of poverty	Yes				

Gender analysis of Reproductive Health	No			
Gender based violence	Yes			
Sex-disaggregation of indicators	Yes			
Young People's Needs				
Adolescent Reproductive Health	Yes			
HIV/AIDS prevention	Yes			
Education, including vocational training	Yes			
GBV prevention	Yes			
Employment and other income-generating opportunities	Yes			

Inclusion of emerging population issues:

Population issues	Discussion in main policy document	Policy response/ inclusion in action plan?	Comments
Ageing	Partial	[]	
Depopulation	Not identified as an emerging issue	[]	
International migration	Partial	[]	
Urbanisation	Full	[]	
Population and the environment	Partial	[]	

What is the extent of inclusion of time-bound indicators and targets?

Partial

To what extent are these time-bound indicators and targets monitored by disaggregated data?

Sex: 50-75%
 Age: 50-75%
 Urban-rural: More than 75%
 Income: More than 75%
 Ethnicity: 50-75%
 Geographical region: More than 75%

In 2009, did UNFPA participate in any Committees related to the development of National Development Plan/Strategy, including PRS (Steering, management, technical, etc)?

YES
 NO
 NOT APPLICABLE

If yes, please specify the role UNFPA played or activities UNFPA engaged in 2009:

UNFPA participated in a steering committee on Health and provided technical support.

RH, HIV/AIDS and gender equality incorporated in health sector policy, planning and budgeting

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

Increase Decrease No change Not sure Not applicable

Please review and update the SWAPs and report new SWAP.

Budgeting in the health sector

Total health sector budget in 2008:(\$)	
Total health sector budget in 2009:(\$)	J\$29 billion
Trends in 2010:	() INCREASED () DECREASED (x) NO CHANGE () NOT SURE
Comments:	The budget of the health sector is not expected to change significantly. However, if there is a change then the tendency may be towards a decrease. The Government is currently involved in a process of consolidating Departments in the various sectors (including health) in an effort to reduce expenditures in the public sector. This is being pursued in accordance with IMF conditionalities that must be met to access a loan facility for Jamaica.
Total Government budget allocated to RH in 2008:(\$)	
Total Government budget allocated to RH in 2009:(\$)	
Trends in 2010:	() INCREASED (x) DECREASED () NO CHANGE () NOT SURE
Comments:	
Is there any reported RH expenditure in the public sector?	(x) YES () NO
If yes, specify amount in USD and time period	
ODA to the health sector in 2008:(\$)	
ODA to the health sector in 2009:(\$)	
Trends in 2010:	() INCREASED (x) DECREASED () NO CHANGE () NOT SURE
Comments:	With an increased focus on debt servicing and other macro-economic indicators, it is highly likely that less resources will be allocated to reproductive health in Jamaica. Additionally, Jamaica has been graduated by several donors including USAID which previously provided large resources for reproductive health programmes.

UNFPA's participation in health sector-related committees	
In 2009, did UNFPA participate in any committees related to the health sector policy/plan or SWAp (steering, management, technical, etc.) ?	(x) YES () NO
Details of UNFPA's participation :	UNFPA participated in the health sector committee for the National Development Plan that met early in 2009. Technical support was provided in respect of the finalization of the plan.

UNFPA's participation in other coordinated initiatives	
In 2009, did UNFPA participate in any initiative (that was closely coordinated with the government and bilateral/multilateral donors in the framework of a national RH/ P&D/ Gender programme), other than SWAp).	(x) YES () NO
If yes, please specify	UNFPA collaborated with the Government of Jamaica and other development partners in the preparation of the ECOSOC report examining Jamaica's progress in achieving the MDG's. There was in fact, a special focus on public health in this report. UNFPA provided inputs on the work being supported in Jamaica as well as areas that require strengthening.
Was a unified work plan, budget, and expenditure framework used to manage the coordinated initiative?	() YES (x) NO
If yes, Please specify	
If yes, was a unified work plan, budget and expenditure framework used to manage the coordinated initiative?	() YES (x) NO
Please provide a brief on progress, good practices, lessons learned or challenges related to SWAPs , if any:	

OUTCOME 2:

Young people's rights and multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend

Indicator: Proportion of countries that address young people's multi-sectoral needs within their national development plans and poverty reduction strategies

Indicator: Proportion of countries that have an emergency preparedness plan/document in place that incorporates young people's sexual and reproductive health needs

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 2 and/or its indicators

Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

UNFPA in collaboration with UNICEF is supporting the development of a Situation Analysis and Strategic Plan on the health of Pre-Adolescents and Adolescents. This document has sought to incorporate the rights of young people, including their rights to accessing accurate, age appropriate and comprehensive reproductive health information and services. Issues including legislation on access to contraceptives by minors, and access to voluntary counselling and testing by minors are also being examined. The plan has not yet been finalized and should be completed in the first quarter of 2010.

Young people's needs incorporated in emergency preparedness, crisis response and recovery programmes

Is there a national emergency preparedness plan/document? Yes () No

If yes, to what extent are young people's SRH needs reflected in the plan/document? Partial

OUTCOME 3:

Availability of data on ICPD related issues through the 2010 round population/household census

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

() Increase () Decrease () No change () Not sure () Not applicable

Is there a 2010 round population/housing census? () Yes (x) No

If yes/being developed, Please supply the following information:

(1) Name:

(2) Census taking (year/date):

(3) Stage:

(4) Is the census on schedule?

(5) To what extent is the census data accessible?

- Are there any restrictions on the access by civil society groups to the data?

- If yes, please specify:

(6) Who are the key donors for 2010 round census, if any:

(7) Estimated cost of conducting the census:

Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation

Indicator: *Proportion of countries that have completed their 2010 round of population and housing censuses as planned*
Indicator: *Proportion of countries that have conducted a national household/thematic survey that includes ICPD-related issues*
Indicator: *Proportion of national development plans that include time-bound indicators and targets from national/sub-national databases*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 3 and/or its indicators

Availability of data on ICPD related issues through the 2010 round population/household census

Availability of data on ICPD related issues through household/thematic surveys

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

In 2009, the CO collaborated with the University of the West Indies to conduct a baseline study on gender-based violence in Jamaica which has been welcomed by the Government as contributing to a greater understanding of the magnitude of the issue. The data collected in the study will be utilized by the Government in their efforts to eliminate violence against women, and the study was supported by the InterAgency Task Force on the Elimination of Violence Against Women. A manual developed by the SRO in collaboration with CARICOM, entitled 'You, Your Life, Your Dreams' has been adapted by the Ministry of Education and is currently being used as resource material for young people in the formal education system. The manual discusses various elements of young people's development, including key issues related to their sexual and reproductive health, and has been lauded by the Education Ministry as having added value to the health and family life curriculum in this area. The CO has supported the conduct of the Reproductive Health Survey in Jamaica through the provision of funding for the national questionnaires that were administered to women in the population between 15-49 years of age. The data collection and analysis was completed in 2009, and the Reproductive Health survey was finalized in the last quarter of 2009. The RHS will be a source of critical information on indicators such as contraceptive prevalence and unmet need, which are key for the conduct of UNFPA's work. The completion of this survey therefore provides critical baseline and other data for future follow-up and programme development.

Availability of data on ICPD related issues through household/thematic surveys

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

(x)increase ()Decrease ()No change ()Not sure ()Not applicable

Please review and update the surveys and report all new surveys

Household/ thematic survey

Name:	Survey of Living Conditions
Status of the survey:	Being undertaken
Survey period	From year: 2008 to year: 2009
At which Level was the survey?	National
Brief description of the linkages between the survey and ICPD related issues:	The survey examines issues dealing with health, education, housing and the demographic characteristics of the society which are integrally linked with the ICPD agenda.
Who are the main administrators of the survey:	The Planning Institute of Jamaica and the Statistical Institute of Jamaica
Were the following topics included in the survey:	<input checked="" type="checkbox"/> Maternal health <input checked="" type="checkbox"/> Infant & child health <input checked="" type="checkbox"/> Modern family planning <input checked="" type="checkbox"/> Adolescent Reproductive Health <input checked="" type="checkbox"/> HIV/AIDS <input checked="" type="checkbox"/> GBV <input type="checkbox"/> FGC <input checked="" type="checkbox"/> Mortality <input checked="" type="checkbox"/> Fertility <input checked="" type="checkbox"/> Migration <input checked="" type="checkbox"/> Women's status <input checked="" type="checkbox"/> Poverty
Who are the key donors for survey, if any:	Government of Jamaica

Estimated cost of the survey	
Comments	

Household/ thematic survey

Name:	RHS
Status of the survey:	Completed, data being processed
Survey period	From year: 2008 to year:
At which Level was the survey?	National
Brief description of the linkages between the survey and ICPD related issues:	The survey covers various issues including sexual and reproductive health issues, fertility trends, unions and gender-based violence.
Who are the main administrators of the survey:	National Family Planning Board
Were the following topics included in the survey:	<input type="checkbox"/> Maternal health <input type="checkbox"/> Infant & child health <input checked="" type="checkbox"/> Modern family planning <input checked="" type="checkbox"/> Adolescent Reproductive Health <input checked="" type="checkbox"/> HIV/AIDS <input type="checkbox"/> GBV <input type="checkbox"/> FGC <input type="checkbox"/> Mortality <input checked="" type="checkbox"/> Fertility <input type="checkbox"/> Migration <input checked="" type="checkbox"/> Women's status <input type="checkbox"/> Poverty
Who are the key donors for survey, if any:	Government of Jamaica, USAID
Estimated cost of the survey	
Comments	The Reproductive Health Survey was completed in October 2009.

OUTCOME 4:

Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment – incorporated in global, regional and national development agendas

Indicator: *Proportion of national development plans and poverty reduction strategies that address the challenges of emerging population issues*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 4 and/or its indicators

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

At the beginning of 2009, the Government engaged the CO in a discussion on the development of Migration policy for Jamaica which was to be initiated in 2009. However, due to other emerging priorities, the policy was not pursued. It is expected that discussions on this issue will resume in 2010. UNFPA has also participated in a Migration working group coordinated by UNDP, and has provided technical support to proposals developed through this group.

REPRODUCTIVE HEALTH

OUTCOME 5:

Reproductive rights and sexual and reproductive health (SRH) demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks

Indicator: *Unmet need for family planning*

Indicator: *Proportion of humanitarian crisis and post-crisis situations where the minimum initial service package (MISP) was implemented*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 5 and/or its indicators

Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations.

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

The CO strengthened the capacity of Government and several NGO's to promote reproductive rights and reproductive health commodity security by providing comprehensive information and advocacy materials on RH, training for service providers in family planning and a quantity of several thousand male and female condoms and other RH commodities. Through the reproductive health commodity security programme and more specifically, the comprehensive condom programme, various non-traditional partners were trained in condom promotion and distribution and elements of behaviour change communication introduced to the target groups which included young men and women, sex workers and persons living with HIV. Partner organizations included the Bureau of Women's Affairs, the Jamaica Council for Persons with Disabilities and the Jamaica Network of Seropositives among others. These institutions were also provided with training in the logistics distribution system, CHANNEL and were provided with quantities of condoms for distribution among their target populations. One of the most important achievements in this context was the fact that several vulnerable populations were able to access reproductive health information and some services through the work of these institutions and UNFPA support. Persons living with HIV, sex workers, persons with disabilities and various women and girls across the country were provided with information about their reproductive health and rights. By providing information and materials on reproductive health and rights and increasing knowledge on the importance of access to contraceptives, there was an increase in the demand for the various commodities as observed in the monitoring reports submitted by partner organizations.

Minimum Initial Service Package was implemented in humanitarian crisis and post-crisis situations:

Did the country experience any humanitarian crisis and/or post-crisis situation in 2009? () Yes (x) No

If yes, for each humanitarian crisis and/or post-crisis situation, please report on the implementation of MISP elements:

Reproductive health commodity security (RHCS) information

- 1 Are key strategies (capacity, coordination, resources for RH commodities, procurement, logistics/supply chain management, demand creation) to improve RHCS included in the following:
 - UNDAF
 - Annual Work Plan
 - PRSP/ NPRS
 - National development policy
 - CPAP
 - Country Programme
 - Health SWAps
- 2 Is the National Strategy/Action Plan for RHCS integrated with RH/SRH, HIV/AIDS, Gender, Human Rights and other elements?
 - Fully
 - Partially
 - None
 - Not sure
- 3 Is the National Strategy/Action Plan for RHCS implemented?
 - Fully
 - Partially
 - None
 - Not sure
- 4(a) Are there any functional mechanisms for coordination of RHCS activities?
 - Yes
 - Being developed
 - No
 - Not sure
- (b) If yes,
 - is this led by government? Yes () No () Not sure
 - Included private sectors? Yes (x) No () Not sure
 - Included civil society? Yes () No () Not sure
- 5 In specific, is there a coordinated approach toward an integrated procurement and distribution mechanism for all contraceptives and 10 life saving maternal/RH medicines?
 - Yes () No () No data
- 6 Is there national expertise within govt/MOH able to independently
 - (a) forecast contraceptives needs Yes () No () No sure
 - (b) Manage procurement process of all contraceptives Yes () No () No sure

National Budget for Contraceptives:

- 1 Is there a government budget line dedicated to:
 - (a) contraceptives, including male and female condoms Yes () No () No sure
 - If yes, Please provide year established
 - (b) 10 life saving maternal/RH medicines ? Yes () No () No sure
 - If yes, Please provide year established
- 2 Latest available data on government revenue allocations to:
 - (a) contraceptives, including male and female condoms:
 - US\$
 - Time frame
 - (b) 10 priority medicines:
 - US\$

Time frame

3 Trends in the allocation from govt. revenue budget sources 2008 to 2009: () Increased
(x) Decreased
() No change
() Not sure
() Not applicable

4 Are all modern contraceptives (including male and female condoms) included in the Essential Medicines List: (x) Yes () No () No data

5 Are at least 3-5 life saving maternal/RH medicines included in the Essential Medicines List: (x) Yes () No () No data

6 Were there contraceptive stock outs reported in 2009? () Yes (x) No () No data

If Yes, please specify (e.g. Number and % of SDPs, # of days of stock-out from (minimum days) to (maximum days)).

What is the main reasons for stock out: () Shortage in total supply
(x) Logistical deficiency
() Price increased in private sector
() others

If others, Please specify:

7 Is there a functional national Logistics Management Information System(LMIS) exist at the central level to track the distribution of all modern methods of contraception and 10 priority life saving maternal/RH medicines? (x) Yes () No () No data

OUTCOME 6:

Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications

Indicator: *Proportion of births attended by skilled health personnel*
Indicator: *Caesarean sections as a proportion of all births*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 6 and/or its indicators

[Supplementary Information for 43 Obstetric Fistula Campaign to End Fistula Countries only](#)

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

Through the Safe Motherhood Programme, UNFPA in collaboration with UNICEF and PAHO has supported the Ministry of Health in increasing awareness among mothers and communities about complications during pregnancy and the post-partum period. Public awareness and advocacy efforts have also been promoted in an effort to highlight the importance of preventing unintended or unwanted pregnancies, and thereby avoiding some of the complications that could potentially occur. Three main videos have been produced on male involvement in pregnancy and pre- and post partum care. These have been distributed in health centres and clinics nationally. The CO has also begun to collaborate directly with Jamaica's largest maternity hospital, the Victoria Jubilee Hospital and has provided technical assistance through the delivery of lectures to the hospital's medical staff at varying levels. There are plans to strengthen this partnership in 2010.

Supplementary Information for 43 Obstetric Fistula Campaign to End Fistula Countries only

Afghanistan	Cote d'Ivoire	Guinea Bissau	Mozambique	Sudan
Angola	Djibouti	Haiti	Nepal	Swaziland
Bangladesh	DRC	India	Niger	Tanzania
Benin	Equatorial Guinea	Kenya	Nigeria	Timor Leste
Burkina Faso	Eritrea	Lesotho	Pakistan	Togo
Burundi	Ethiopia	Liberia	Rwanda	Uganda
Cameroon	Gabon	Madagascar	Senegal	Yemen
Central African Republic	Gambia	Malawi	Sierra Leone	Zambia
Chad	Ghana	Mali	Somalia	Zimbabwe
Congo	Guinea	Mauritania	South Africa	

Is there a National Strategy/Action Plan for Obstetric Fistula? () YES () NO

Is there a National Coordination body tasked with working on obstetric fistula, either stand alone or as a sub-group of an existing coordination body for SRH/maternal health? () YES () NO

If yes, which of the following agencies is in the lead? () Ministry of Health
() UNFPA EngenderHealth
() WHO
() Other

How many women received treatment for obstetric fistula with support from UNFPA (recognizing multiple partners may support obstetric fistula efforts in the country)?

How many health personnel received training in obstetric fistula care and management from the following cadres?

Physicians

Nurses

Midwives Clinical Officers

Anesthesiologists

Social workers

Other

OUTCOME 7:

Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention

Indicator: *Contraceptive prevalence rate*

Indicator: *Percentage of service delivery points (SDPs) offering at least three modern methods of contraception*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 7 and/or its indicators

Percentage of SDPs offering at least 3 modern methods of contraception

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

Through the reproductive health commodity security programme and more specifically, the comprehensive condom programme, several organizations have reported increased demand for contraceptives by their repeat clients, including couples and individuals. With the increased information and behaviour change communication tools and programmes introduced through the different organizations, the demand for male and female condoms in particular have increased. There is however a need to place greater emphasis on family planning programmes, particularly in the rural areas of the country. Discussions are already underway with the Government on related strategies for 2010.

Percentage of service delivery points (SDPs) offering at least three modern methods of contraception

At the National Level

Latest Indicator Value	Greater than 93.0 %
Year of data	2007
Source of data	Ministry of Health Annual Report
Comments	FP has been integrated in PHC since 1970s. Three or more FP methods are available in Type 2 - 5 health clinics and in maternity hospitals. In Type 1 clinics only condoms are available. There are some 363 health centres'. UNFPA does not have service delivery points that it supports directly but complements governments efforts.

OUTCOME 8:

Outcome 2.4: Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased

Indicator: *Percentage of young people with correct knowledge about HIV/AIDS preventive practices*

Indicator: *Condom use at last high risk sex*

Indicator: *Percentage of sex workers reached with HIV prevention programmes*

Indicator: *Percentage of HIV positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 8 and/or its indicators

HIV/AIDS Information

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

In collaboration with the National family Planning Board, UNFPA embarked on a comprehensive condom programme which has sought to improve knowledge and awareness of sexual and reproductive health, including HIV prevention among vulnerable populations. Target groups included adolescents with disabilities, sex workers, young women, men and persons living with HIV. The programme involved various dimensions including behaviour change communication sessions, demonstration of the use of male and female condoms, counselling, training on condom negotiation, and condom distribution to participants. Partners involved in the intervention included the Jamaica Red Cross, the Bureau of Women's Affairs, the Jamaica Council for Persons with Disabilities, the University of the West Indies Health Centre among others. Reports from partners have indicated that the demand for contraceptives has increased among the various target groups. In particular, the female condom has become increasingly popular among various interest groups. However, one of the challenges remains accessibility and cost. Currently, the female condom is being distributed by the private sector in Jamaica and the cost is prohibitive. Therefore, many women and couples are unable to access this commodity. However, UNFPA can and has played an important role in increasing the demand for the female condom. The element of price is one that can be addressed in partnership with the Female Health Company and the private sector where the supply is concerned. Programmes have also targeted young people, and the manual, 'You, Your Life, Your Dreams' has been utilized in the learning sessions with youth. The manual was developed by UNFPA and CARICOM and highlights various issues affecting young people including their sexual and reproductive health, relationships, substance abuse among others. This manual has provided excellent resource material for sharing with young people on issues of sex and sexuality. The challenge however, is that quite often, young people are not translating the knowledge acquired into behaviour change, and while the indicator of correct knowledge is critical about HIV prevention programmes is critical, behaviour is what should be paramount. UNFPA is currently in the process of working more closely with the Ministries of Health and Education to ensure that life skills and behaviour change communication are included in the information provided to young people.

Country Office's Intervention-focused group/area	Provided short or medium term technical support	Provided long term capacity development
Young people	Yes	
Most at risk young people	Yes	
Women	Yes	
Comprehensive condom programming		
HIV and sex work	Yes	
SRH and HIV linkages	Yes	
PMTCT	No	
Humanitarian crisis and HIV	No	
Up-scaling models of evidence based practice	Yes	
Integrating HIV into PRSPs, national development plans, national budgets, MTEFs and sectoral plans	Yes	
Gender equality and HIV	Yes	
Gender based Violence	Yes	

Which of the following global technical guidance tools is your country office implementing

- Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages; A generic guide
- 10 Steps to Comprehensive Condom Programming, if yes indicate which step(s) have been completed or are in process
- UNAIDS IATT on HIV and Young People - Global Guidance Briefs
- UNAIDS Guidance Note on HIV and Sex Work
- UNAIDS Monitoring and Evaluation for Most At Risk Populations Guide
- UNAIDS Guidance on Global Scale up of the Prevention of Mother to Child Transmission of HIV
- Joint Action for Results - UNAIDS Action Framework 2009-2011

Country Office's Intervention: key activities	Reduce stigma and discrimination and promote human rights in the context of HIV and sex work	Promotion of positive dignity and prevention for people living with HIV
In reach training/training	Yes	Yes
Advocacy	Yes	Yes
National policy guidance	No	No

Programming models	Yes	No
Programming Scale up	No	No

In 2009, was UNFPA the chair/leader of the HIV/AIDS Thematic Group?	No
How many HIV dedicated staff are in the country office?	None
Is the country office involved in meaningful participation with community organizations and networks? If yes, please specify	(x) Yes () No () Not Sure

OUTCOME 9:

Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development

Indicator: *Percentage of secondary schools that have adopted gender-sensitive RH curriculum, including HIV/AIDS*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 9 and/or its indicators

Percentage of secondary schools that have adopted gender-sensitive RH curriculum

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

Through a partnership with the Ministry of Education, UNFPA has introduced the manual 'You, Your Life, Your Dreams' to young people and teachers in the formal education system as a resource text. The manual, produced by UNFPA and CARICOM, addresses various issues of importance to young people including sex and sexuality, substance abuse, relationships and nutrition. This manual is being utilized in over 300 secondary schools across Jamaica and there are plans to develop an accompanying SRH programme for parents in 2010. UNFPA also participates in an intersectoral committee comprising the Ministry of Health, Education, Global Fund, UNICEF and other partners in which issues of sexual and reproductive health are discussed and programmes targeting young people are identified. The HFLE curriculum supported by UNICEF is currently being evaluated, which is also an opportunity for UNFPA to provide inputs in strengthening the sexual and reproductive health component of the curriculum, through participation in this committee. UNFPA has also collaborated with the Bureau of Womens Affairs and the Ministry of Education to educate students on the issues of gender, gender-based violence and women's empowerment. This programme has been ongoing for over two years and has taken place in over 50 schools across Jamaica in 2009.

Percentage of secondary schools that have adopted gender-sensitive RH curriculum, including HIV/AIDS

At the National Level

Latest Indicator Value	Greater than 40.0 %
Year of data	2008
Source of data	Ministry of Education
Comments	The Health and Family Life Education Curriculum has been implemented in over 500 schools across the island. However the components on reproductive health and gender are quite weak. An evaluation of the programme is currently being undertaken. A Policy on the Management of HIV in Schools was also developed in 2009.

Supplementary health systems reform:

How does UNFPA support health systems in your country?	Please provide details of support
Technical assistance for policy development	UNFPA has actively participated on committees contributing to the development of the National Strategic Plan for healthy Adolescents in collaboration with the Ministry of Health and UNICEF. Continuous feedback has been provided in the development of the situation analysis of adolescents in Jamaica, and the document with action plan for implementation will be completed in the first quarter of 2010.
Technical assistance for reproductive health financing	The CO has embarked upon discussions with the National Family Planning Board and the Ministry of Health regarding co-financing and other modalities of funding in relation to reproductive health commodities specifically.
Technical support for human resource planning (doctors, midwives, nurses/nurse midwives, and other categories of staff)	During the course of 2009, there was not much emphasis on technical support for human resource planning. However, given the emphasis on scaling up the maternal health programme (of which strengthening the cadre of nurse/midwives is a critical component) as well as the Government's efforts to reduce the size of the public sector, this is certainly a discussion in which UNFPA will engage in during 2010.
Capacity building in SRH technical competencies (e.g. training of health providers)	With the assistance of the Technical Advisors based in the office, UNFPA has provided training to several health providers including doctors and pharmacists. In particular, through a partnership with the Victoria Jubilee Hospital (the chief maternity hospital in Jamaica) greater opportunities will be pursued in 2010 for training health care providers on various issues including maternal health and adolescent sexual and reproductive health.

Infrastructure	UNFPA has engaged the Ministry of Health in discussions regarding the establishment of youth friendly spaces where SRH information and services may be accessed by young people. However, the Ministry has indicated that it does not wish to focus only on services that are 'youth friendly' but instead, a focus on services that are friendly to all. As a result, the proposal to establish youth friendly spaces across the island has been placed on hold.
Health information system(s)	In collaboration with other international development partners, UNFPA has been in discussions with the Ministry of Health on the importance of improving the health information systems, particularly through participation in the Vital Statistics Commission. The Inter-American Development Bank (IDB) has committed to undertaking a health information systems improvement programme in 2010. UNFPA will be participating in upcoming consultations in January 2010 to discuss the various components of the proposed programme.
Other support	

GENDER EQUALITY

OUTCOME 10:

Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws

Indicator: *Proportion of countries that implement/enforce policies and laws in line with the United Nations Security Council Resolution 1325 on Women, Peace and Security in conflict and post conflict*

Indicator: *Reproductive rights are incorporated in CEDAW and related protocols reporting*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 10 and/or its indicators

Implementation of Resolution 1325 in conflict and post conflict

Reproductive rights incorporated in CEDAW and related protocols reporting

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

In collaboration with the Bureau of Women's Affairs, UNFPA supported various training programmes geared towards empowering women on their sexual and reproductive health and rights. Issues of reproductive health have been incorporated into the National Gender Policy (2007), which was supported by UNFPA and a committee has been re-established to oversee the implementation of the policy.

Implementation of Resolution 1325 in conflict and post conflict

To what extent was the implementation of SC Resolution 1325 respected during the conflict and post-conflict:

Was your country in a situation of conflict or post-conflict in 2007? () Yes (x) No

If yes, please supply the following information:

Was the implementation of the SC Resolution 1325 led by the Resident Coordinator and the UNCT? () Yes () No

Respect for international law, as applicable to women and girls, including protection of Human Rights

Special measures to protect women and girls from gender-based violence and other forms of violence in situations of armed conflict

An end to impunity, including for those responsible for committing sexual violence against women and girls

Respect for the civilian and humanitarian character of refugee camps

The integration of the SRH needs of women and girls into the design of refugee camps

Comments:

Reproductive rights incorporated in CEDAW and related protocols reporting

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

() Increase () Decrease (x) No change () Not sure () Not applicable

Please report on the incorporation of RRs in the latest CEDAW report that was not reported in COAR 2009.

Report

Type	CEDAW REPORT
Name	CEDAW - The Convention on the Elimination of All Forms of Discrimination against Women
Status	Prepared
Report Date	

Discussion of reproductive rights issues in this CEDAW report:

	Extent of discussion	Comments
Origin of funding (public/ private) of SRH services	None	
Policies/ strategies for maternal health and family planning	Partial	
Rights in accessing SRH information and services	Partial	
SRH service provision for married and unmarried adolescents	Partial	
Gender based violence	Comprehensive	
Harmful traditional practices, including female genital mutilation/ cutting	Partial	
Other		

OUTCOME 11:

Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices

Indicator: Female genital mutilation/cutting prevalence rate

Indicator: Percentage of women who decide alone or jointly with their husbands/parents/others about their own healthcare

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 11 and/or its indicators

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

Over the past year, there has been an increased focus on male participation and the involvement of males in promoting sexual and reproductive health for themselves and their partners, and the prevention of gender -based violence and HIV. In that respect, UNFPA has partnered with the Bureau of Women's Affairs in providing training to both men and women on the role of men as partners in various aspects of their partner's lives. Men have also been trained to speak out against violence against women and to undertake more responsible roles. Through a partnership with the Ministry of Health, advocacy materials have also been developed to promote the role of men as partners who actively participate in the pregnancy of their partners.

OUTCOME 12:

Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence

Indicator: *Incorporation of reproductive rights of women and adolescent girls in national human rights protection systems*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 12 and/or its indicators

Reproductive rights of women and adolescent girls incorporated in national human rights protection systems

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

The passage of the Sexual Offences Bill in July 2009 is a clear indication of efforts to protect women, girls and boys from gender-based violence, as it reforms and amalgamates various laws relating to rape, incest and other sexual offences. This landmark Bill, which repeals the Incest (Punishment) Act, as well as several provisions of the Offences Against the Person Act will have far-reaching implications for the protection of women and children in Jamaica. The Bill also provides a statutory definition of rape, as well as provisions relating to marital rape, specifying the circumstances in which such rape may be committed. UNFPA participated actively in the consultations and debates leading to the passage of the Bill and continues to support public awareness sessions to inform persons about the provisions in the Bill. Various sessions have also been held with vulnerable populations including persons living with HIV and persons with disabilities to increase their knowledge and understanding of their sexual and reproductive health and rights, and to sensitize them on the various laws that have been established to protect them in this regard. In this case, UNFPA has partnered with members of the legal fraternity and the Bureau of Women's Affairs in order to empower these vulnerable groups.

Reproductive rights of women and adolescent girls incorporated in national human rights protection systems

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:

(x)increase ()Decrease ()No change ()Not sure ()Not applicable

Do government agencies promote and protect the reproductive rights (RRs) of women and adolescent girls?

Yes

Is RRs protection explicit in the mandate of courts, judiciary and law enforcement as well as ombudsman, national human rights commission?

Some/Partial

Do judicial procedures exist for individuals to effectively claim their RRs and adequately address RRs violations?

Yes

Are there civil society groups, plus an independent media, strongly supporting RRs protection?

Yes

Are there any laws that incorporate the reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts?

Some/Partial

Details:

In 2009, the Sexual Offences Bill was passed with the objective of protecting women and girls from sexual violations. The Child Pornography (Prevention) Bill was also passed in July 2009, making commercial sexual exploitation of children a criminal offence. Therefore, there have been increased efforts to address sexual violations against women and girls.

OUTCOME 13:

Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV prevention services

Indicator: *National mechanisms in place to monitor and reduce gender-based violence*

Indicator: *inclusion of gender based violence in pre- and in-service training of health service providers*

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to SP outcome 13 and/or its indicators

National mechanisms in place to monitor and reduce gender-based violence

Gender based violence included in pre- and in-service training of health service providers

Access of GBV Survivors to support services (including health, psychosocial, security and legal support)

Please provide a brief on progress, UNFPA's contributions, good practices, and lessons learned or challenges, if any, related to this SP outcome and/or its indicators:

UNFPA in collaboration with the University of the West Indies undertook a baseline assessment of gender based violence in Jamaica. This study will provide the basis for strengthening the linkages between reproductive health and gender-based violence in a programme to be developed in 2010. Additionally, UNFPA has also supported the Bureau of Women's Affairs in working with young men across Jamaica to discuss the prevention of gender-based violence and to train them as advocates for the elimination of violence against women. Discussions are also underway in the health sector regarding the development of a protocol to deal with survivors of gender based violence. It is expected that this will be operationalized in 2010.

National mechanism in place to monitor and reduce gender-based violence

Are there mechanisms in place to monitor and reduce GBV?
(e.g. policies, programmes, law enforcement mechanisms, ombudsman's office)
(x) Yes () Being developed () No

Access of GBV Survivors to support services (including health, psychosocial, security and legal support)

GBV Support Services	
Are there qualified health providers in screening, care, and referrals for GBV survivors?	TO SOME EXTENT
Are there comprehensive and appropriate psychosocial support programs for GBV survivors?	YES
Are police officers and other security/ law enforcement agents trained and able to respond appropriately to GBV survivors' needs?	NO
Comments	While there are some services in place for survivors of GBV, and the Government is taking steps to strengthen efforts in this area, there is still need for an increase in the response. Training of police officers and other front-line personnel is one of the key areas that requires greater attention.

Gender based violence included in pre- and in-service training of health service providers

Please assess the changes of the SP2008-2011 outcome indicators:

Trends from 2008 to 2009:
() Increase () Decrease (x) No change () Not sure () Not applicable

	Extent of incorporation				Comments
	Comprehensive	Partial	None	Cannot assess	
GBV included in the national health institute curriculum for SRH service providers	()	(x)	()	()	GBV is included in the training of service providers. However, a protocol for dealing with the survivors needs to be clearly defined and disseminated throughout the system. This is one of the potential activities that will be pursued in 2010.
GBV included in the national training plan for SRH services providers	()	(x)	()	()	
GBV included in the standard training materials designed to improve skills of SRH service providers	()	(x)	()	()	
Other please specify:	()	()	()	()	

Section III
Strategic Plan 2008-2011 Development Results Framework

A. Managing for results (MRF outputs 1, 2 and 3)

- (1) For country engaged in formulation of a new UNDAF and/or CP/CPAP, please note good practices and lessons learned, including major facilitating and constraining factors:

N/A

- (2) a) Please indicate the % of annual work plan outputs/indicator targets for 2009 achieved

75-99%

b) If less than 75% AWP outputs achieved, please explain key factors that constrained achieving of AWP outputs:

- (3) In 2009, did CO staff participate in learning or training initiatives on results-based management for programming?
Yes

If yes, please specify the organizer(s), number of staff participated and the duration.

Two staff members participated in training on Monitoring and Evaluation during 2009. One training exercise was organized by the World Bank Institute and the other by Monitoring and Evaluation Development Training in Ede, Netherlands.

- (4) What is the total number of South-South initiatives that were initiated, organized or facilitated by your country office, for the national capacity development?

3

- (5) Highlight the most important knowledge sharing initiatives/activities (including South-South cooperation) undertaken by your offices in 2009, and assess the impact of those on results-oriented high-quality UNFPA programme delivery:

Useful knowledge sharing initiatives undertaken in 2009 included the training sessions on NEX audits and resource mobilization. The sessions have served to strengthen staff understanding of these issues and the impact of these sessions will be reflected in programme efforts over the next year or two.

- (6) Please indicate the level of implementation of UN Cares - Minimum Standards on HIV in your office

UN Cares Minimum Standards on HIV in the Workplace	
The rights of staff and dependents to have:	Implementation
Information about UN policies, staff rights, entitlements and benefits, regarding HIV and the workplace	PARTIAL
Interactive learning/training activities conducted annually	NOT YET
Free access to male and female condoms	FULL
Confidentiality in the management of medical information, including HIV status, in processing of health insurance claims (MIP), improvement of reimbursement procedures	FULL
A supportive and caring office environment	FULL
Comments: The UN Cares Programme has not been fully implemented in the CO, although there is free access to male and female condoms which are provided along with the relevant information. The UN Cares programme will be implemented in a more holistic fashion in 2010, once an HIV Officer has been recruited in the CO to focus specifically on these issues.	

B. Partnerships (MRF output 4)

- (7) Please highlight good practices and lessons learned, and briefly report on progress regarding UNFPA's involvement in partnerships to promote ICPD PoA and MDGs. Comment on new opportunities for partnerships with private sector and other non-traditional partners:

UNFPA has partnered with several government and NGO organizations in the promotion of the ICPD agenda. With this year being ICPD+15, it was an opportunity for the organization to assess some of the achievements made and challenges that still remain for the duration of the programme cycle. Some of the good practices that can be highlighted are UNFPA's comprehensive commodity security programme, the focus on male involvement in the promotion of gender equality and the prevention of gender-based violence and HIV. The work with young people, and more specifically - providing them with comprehensive and age-appropriate sexual and reproductive health information in a youth-friendly space has also been an important achievement. One of the major lessons learned is the importance of developing a comprehensive capacity building strategy when working with partners as this will facilitate greater effectiveness and efficiency in the delivery of the specific programme by the IP. To date, partnerships with the private sector have not been explored significantly. There is however tremendous scope for strengthening the partnership with these organizations in future, particularly as these efforts could potentially add great value to the CO's work. The importance of establishing partnerships within the private sector is also critical for resource mobilization efforts. In some cases, programmes of the CO have not been implemented on the necessary scale due to resource constraints. The resources and expertise that could be brought by the private sector will be explored during the course of 2010.

C. United Nations Reform (MRF output 5)

- (8) Analyze UNFPA's involvement in UN system initiatives (CCA/UNDAF, Consolidated Appeals Process (CAP), Common Humanitarian Action Plan (CHAP), and MDG reporting, etc) and assess significant experiences in relation to common and/or joint programming and streamlining programme and financial procedures (OECD/DAC), including achievement and constraints. UNFPA has collaborated with other UN partners in the execution of various programmes. Among the challenges in participating in a joint programme is the application of HACT to the financial management process. In some cases, agencies may not adhere to a uniform modality of cash distribution which causes confusion among the partners, particularly if the parallel funding mechanism is being utilized.
- (9) Please provide information on UNFPA participation in joint programmes with other UN Agencies in 2009.

SP Outcome	Title	Description	Status	Funding	Coherence to national priorities	Reflect ICPD agenda	Man. agent/Adm. agent	Total budget US\$	UNFPA's contribution
Young Peoples Rights and Needs	Development of National Strategic Plan for Healthy Adolescents	The National Strategic Plan is geared towards highlighting the issues confronting young people including sexual and reproductive health issues and proposed actions and programmes required to promote a holistic adolescent.	Being developed	Parallel	comprehensive	partial	Ministry of Health	30,000	

- (10) a) Is there a new UNDAF developed in 2009 in your country?
NO
- b) If yes, to what extent are Population and Development, SRH and Gender Equality included the UNDAF outcomes in your country?
Population and Development
Reproductive Health & Rights, including HIV/AIDs
Gender Equality, Human Rights and Culturally Sensitive Approaches
- (11) a) In 2009, did the CO conduct an annual UNDAF and CP review?
No
- b) If yes, please list your key findings:
An UNDAF Review was conducted, but the CP review was postponed until 2010. Findings of the UNDAF review revealed the need for greater collaboration among the agencies particularly since the focus is on achieving outcomes. One major strategy was therefore the re-establishment of thematic groups to assist with the monitoring of the different areas and the coordination of activities and efforts.

D. Accountability (MRF output 6)

- (12) a) Does your country office have a country programme Monitoring and Evaluation Plan for the current CP cycle?
YES
- b) Highlight key M&E activities, good practice and lessons learned, if any in 2009. *Key M&E activities included frequent site visits to participate in project activities, quarterly review meetings and frequent communication with the partners. Several capacity building sessions were also organized to increase partners knowledge and ability to manage programme and financial responsibilities.*
- (13) Please report on all evaluations conducted in 2009:
N/A
- (14) For evaluations carried out in 2008, please estimate what percentage of evaluation recommendations accepted in the management response were implemented by the end of 2009:

	recommendations implementation	Was the management
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2008 Evaluation title	Were follow-up to recommendations implemented?	If yes, what percentage of accepted recommendations were implemented by the end of 2009:	response to evaluation placed in docushare?
No evaluation conducted in 2008. Mid term evaluation due in 2009	No If no please explain: No evaluation was conducted in 2009 as it was re-scheduled to 2010.		

E. Sustainability and Stewardship of Resources (MRF outputs 7 and 8)

- (15) Highlight CO progress, good practice, lessons learned and/or challenges in resource mobilization and financial management to reduce transaction costs and improve efficiency.

A capacity building session was conducted in the first quarter of 2009 to strengthen the abilities of Assistant Representatives to mobilize resources and understand their roles in this regard. During the course of 2009, the Jamaica office was able to mobilize a small quantity of resources to support activities in gender-based violence. The challenge to mobilizing resources in this economic climate is that the focus of many of the donors in the country is towards macroeconomic stability, crime and violence and infrastructural development. There is a great need then to increase awareness and advocacy efforts on the issues of reproductive health.

F. Strengthening Field Focus (MRF output 9)

- (17) a) In 2009, what type of programmatic support did your CO receive from the Regional Office?

Technical contribution to the programming process

- b) Please provide an overall assessment of the support by the RO as follows:

Relevance of support	GOOD
Quality of support	GOOD
Timeliness of support	GOOD
Impact upon overall quality of CP and programme delivery	SATISFACTORY
Comments:	